

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072876

1. Entity Name

EMPLOYEE MEDICAL SERVICES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90080 036 ***150.00

Principal Place of Business

8330 LAFITTE DRIVE
HUDSON FL 34667

Mailing Address

8330 LAFITTE DRIVE
HUDSON FL 34667-4144

2. Principal Place of Business

12120 Cortez Blvd

Suite, Apt. #, etc.

3. Mailing Address

12120 Cortez Blvd

Suite, Apt. #, etc.

City & State

Brooksville FL

Zip 34613

Country

USA

City & State

Brooksville FL

Zip

34613

Country

USA

4. FEI Number

59-3594873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOGAN, THOMAS S JR.
20 S. BROAD STREET
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BARFIELD, BARBARA
STREET ADDRESS 8330 LAFITTE DRIVE
CITY - ST - ZIP HUDSON FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President P/T ☒ Change ☐ Addition
NAME Barbara Barfield
STREET ADDRESS 12120 Cortez Blvd 8330 Lafitte Dr
CITY - ST - ZIP Brooksville FL 34613 Hudson, FL 34667

TITLE V/S ☐ Change ☒ Addition
NAME Susanne Haumesser
STREET ADDRESS 9035 Grant St.
CITY - ST - ZIP Brooksville FL 34613

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Barfield, President* Barbara Barfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4-00 (352)596-8700
Date Daytime Phone #